Republic of the Philippines
Province of Pampanga
Municipality of Lubao

REQUEST FOR QUOTATION

Date: _____

_____

_____

Gentlemen:

Please quote your lowest net price, taxes includeds, on each of the following articles.

ITEM	UNIT	QTY.	COMMODITY & DESCRIPTION	UNIT PRICE	AMOUNT
01	PCS	15,000	AMLODIPINE 10MG		
02	PCS	15,000	ATORVASTATIN 10MG		
03	PACKS	20,000	ATORVASTATIN 20MG		
04	PACKS	20,000	ATORVASTATIN 40MG		
05	BTLS	5,000	ASPIRIN 80MG		
06	BXS	20,000	CLOPIDOGREL 75MG		
07	ROLLS	15,000	SODIUM BICARBONATE		
08	ROLLS	15,000	CARVIDELOL 6.25MG		
09	ROLLS	15,000	CARVIDELOL 25MG		
10	ROLLS	20,000	FENOFIBRATE 200MG		
			TOTAL		-

The prices quoted herein be delivered to the office of the Municipal Mayor, Lubao, Pampanga _____days after serving the award

Very truly yours,

RUSSELITO B. JIMENEZ
Canvasser

To the Municipal Mayor
Lubao, Pampanga

Our quotation is indicated opposite each articles indicated above

_____
Signature of Dealer

_____
Printed Name